REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT FOR CONCRETE PRODUCTS FACILITIES (VAG11)

I.		PLICANT INFORMATION OF ENVIRONMENT	9
	A.	Facility Name: Virginia Concrete Company – Newington Plant 2	PO
	В.	Facility Name: Virginia Concrete Company – Newington Plant 2 Facility Address: 8201 Terminal Road, Newington, VA 22122 JUN 2 4 201	3 THANTY
	C.	Facility Owner: Virginia Concrete Company, Inc.	E /
	D.	Owner's Mailing Address	NA.
		1. Street P.O. Box 6250	
		2. City or Town Springfield State VA Zip Code 22150	
		3. Phone Number (703) 354-7100	
		4. Email address (if available) FoleyT@VMCmail.com	
		5. Indicate if DEQ may transmit the permit electronically. Yes X No	
	E.	Name of Contact (if different from owner) Thomas Foley	
	F.	Contact Mailing Address (if different from owner)	
		1. Street Same	
		2. City or Town State Zip Code	
		3. Phone Number Same	
		4. mail address (if available) FoleyT@VMCmail.com	
П.	FA	ACILITY INFORMATION	
	A.	Primary Standard Industrial Classification (SIC) Code 3273	
		Secondary SIC Codes N/A	
	В.	Nature of business: (provide a brief description) We produce ready-mix concrete	
		If a Ready-Mix Concrete facility, is the plant permanent or portable? Permanent	
	C.	Is this a proposed or existing facility? Existing	
		Does this facility currently have a VPDES permit? Yes X No Event Date _ L	itials
		If yes, give permit number. VAG110069 Code: Scanned Scanned	W)
	'001	ac ac	

Attach a schematic drawing showing the source(s) of water used on the property, the industrial operations contributing to or using water, the conceptual design of the methods of treatment and disposal of wastewater and solids.

IV. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) SITE MAP

Attach the SWPPP site map. This site map and the map in V. may be combined.

V. MAP

Attach a U.S.G.S. 7.5 minute topographic map (or equivalent computer generated map) extending to at least one mile beyond property boundary. The map must show the property boundary and the location of each of its existing and proposed intake and discharge points. Include all wells, springs, rivers or other surface water bodies.

VI. DISCHARGE INFORMATION

A. List all discharge outfalls by a number that is the same as on the map required in Part IV and provide the information in the tables below:

Outfall Number	Type of Wastewater	Receiving Water Body	Latitude and Longitude
001	Process water,	Unnamed Trib to Accotink Creek	38-44-05 / 77-11-15
002	Storm water	Unnamed Trib to Accotink Creek	38-44-05 / 77-11-15

B. Estimate the flow in gallons per day (gpd) and identify the duration and frequency of the discharge for each separate discharge point:

Outfall Number	Daily Flow (gpd) Maximum/Average	Hours Per Day	Days Per Week
001	10800/3600	2	5
002	Unknown	Intermittent, Storm Water	Only

VII. REPRESENTATIVE OUTFALLS

A. Indicate which storm water outfall will be representative of other outfalls (if any): N/A					
B. Which storm water outfalls are represented by the outfall in A. above?					
Outfall Numbers: Why is the discharge from the outfall(s) listed above expected to be identical with the discharge from the representative outfall (attach monitoring data if available)?					
Estimate of outfall drainage areas (in square feet):	_				
Runoff coefficients for each area:					
TH. STORM WATER POLLUTION PREVENTION PLAN					
If your facility is proposed (no permit yet), as identified under Item II.C., has a Storm Water Pollution Preve Plan been prepared?	ıtion				
Yes Date of plan: No					

IX. MUNICIPAL SEPARATE STORM SEWER SYSTEM				
Does the facility discharge to a municipal separate storm sewer system (MS4)? Yes X No If yes, you must notify the MS4 owner in writing of the existence of the discharge within 30 days of coverage under this general permit and copy the DEQ regional office with that notification. The notification to the MS4 owner shall include the name of your facility, a contact person and phone number, location of the discharge, nature of the discharge and your VPDES general permit number.				
Provide the name of the MS4 owner: Fairfax County				
X. PORTABLE CONCRETE OPERATIONS				
Portable concrete operations must submit a closure plan with this registration statement. The following information must be in the closure plan:				
A. Treatment, removal and final disposition of residual wastewater, contaminated storm water held at the facility and solids.				
B. Fate of structures.C. Removal plan for all exposed industrial materials.D. Description of the stabilization of land in which exposed industrial materials were stored or placed.				
XI. CERTIFICATION				
"I hereby grant to duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property where the treatment works is located for the purpose of determining compliance with or the suitability of coverage under the General Permit. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations." Date:				
Title: Senior Operations Manager				
XII. ATTACHMENTS:				
 A. SDS and available aquatic toxicity information for chemical additives used in cooling systems (if applicable, see II G 4 above). B. Facility Drawing C. Storm Water Pollution Prevention Plan Site Map D. Topographic Map (may be included in SWPPP map) E. Closure Plan (for portable operations, if applicable) 				
For Department use only:				
Accepted/Not Accepted by: Date: Date:				
Basin Lower Potomac Stream Class III Section 7				
Special Standards 5				



